REC'D AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25713
Do not use this space.

1. PLACE OF DEATH
(a) County Henry V 1 Registration District No. 347
(b) Township Primary Registration District No. 3818 Registered No.
(c) City Clinton (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., If of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME (colored) Jessie Grover Carroll
(a) Residence, No. 508 Boding Ave St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lottie Carroll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	54	8	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Feed Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Feed Store
10. Date deceased last worked at this occupation (month and year) 7—1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickory Co Mo

FATHER
13. NAME M M Carroll
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Mary E Deems
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Lottie Carroll Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Butler Mo. DATE July 27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Consalus & Peck Clinton, Mo.

20. FILED 7-29 1939 Dirk R. Hamilton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1939

22. I HEREBY CERTIFY, That I attended deceased from July 20 1939, to July 25 1939
I last saw h[im] alive on July 25 1939. Death is said to have occurred on the date stated above, at 12 noon.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	July 25/39
10 hrs	
Other contributory causes of importance: Edema of pneumonia	July 23/39

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) S B Hughes, M. D.
(Address) Clinton, Mo.

Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7,
District File Number 7-39-1086
Date Filed 8-2-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, J. E. Gonsalves, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed J. E. Gonsalves

Licensed Embalmer No. 1891

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.